

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09 780268	FILING DATE 02-09-01				
CLAIMS							* IND. DEP.		* IND. DEP.		* IND. DEP.	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2		/					52					
3	/						53					
4		/					54					
5		/					55					
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7		/					57					
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41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	7						TOTAL IND.					
TOTAL DEP.	10	↓	↓	↓			TOTAL DEP.	↓	↓	↓		
TOTAL CLAIMS	17						TOTAL CLAIMS					